

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AD	66080	5/13/00 7/25/00

INDEX OF CLAIMS

39-58  
017

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
+ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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